

Rates of Hospitalization for Specific Foodborne Pathogens, FoodNet, 1996-2001

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Background Results from the Foodborne Diseases Active Surveillance Network (FoodNet) 1996-97 population survey indicated that, among persons with diarrheal illness, there were approximately 7.2 hospitalizations per 1,000 persons per year. However, age- and cause-specific rates of hospitalization for foodborne diseases have not been well-described.

Methods Since 1996, nine FoodNet sites have conducted active laboratory-based surveillance for cases of infection with *Campylobacter*, *E. coli* O157, *Listeria monocytogenes*, *Salmonella*, *Shigella*, *Vibrio* , and *Yersinia enterocolitica* . Local surveillance officers obtain case-patient information including hospitalization status at time of, and subsequent to, specimen collection.

Results Between 1996 and 2001 information was available concerning hospitalization for 52,520 (84.53%) FoodNet case-patients. Of these, 9,252 (19%) were hospitalized with bacterial infections. Hospitalization rates were greatest for *Listeria* (94%) followed by *E. coli* O157 (36%), *Yersinia* (29%), *Vibrio* (25%), *Salmonella* (22%), *Shigella* (13%), and *Campylobacter* (11%). The frequency of hospitalization was comparable between genders, and highest among persons under 5 and greater or equal to 60 years of age. The highest proportion of hospitalization among persons 60 years of age and older occurred with infections caused by *Listeria* (96%), followed by *E. coli* O157 (67%), *Yersinia* (56%), *Vibrio* (49%), *Salmonella* (49%), *Shigella* (29%), and *Campylobacter* (28%). Among persons under 5 years of age, the highest proportion of hospitalizations occurred with infections caused by *Listeria* (97%), followed by *Yersinia* (29%), *E. coli* O157 (26%), *Salmonella* (19%), *Vibrio* (17%), *Shigella* (9%), and *Campylobacter* (7%).

Conclusions In FoodNet, the pathogen-specific, age-specific proportions of hospitalization varied widely. The highest proportion of hospitalizations both among those 60 and over and those under 5 was seen in persons infected with *Listeria* . Because of the expenses associated with hospitalization, these data could be used to estimate the economic burden of foodborne disease.